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KINKOS RANCHO CU

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## Fax Cover Sheet

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Date 14 JULY 2005

Number of pages 3 (including cover page)

To: U.S. PTO

From:

Name WILLIAM L. MILLER

Name DAVID HINOS

Company \_\_\_\_\_

Company \_\_\_\_\_

Telephone 571-272-7068

Telephone 909-481-2836

Fax 571-273-7068

Comments

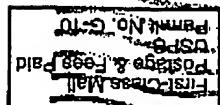
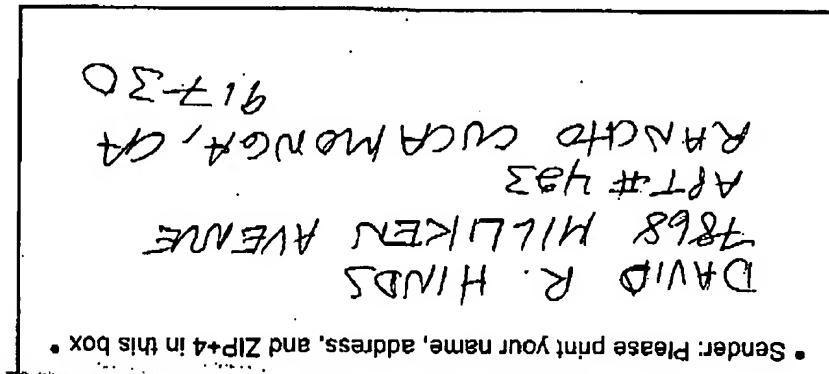
*PLEASE LET ME KNOW IF I NEED TO SEND  
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<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>ATTN: WILLIAM L. P. T. / ER ORG TC 3600 BLDG 9000 CARS UNITED STATES PATENT &amp; TRADEMARK OFFICE MAR P.O. BOX 1450 ALEXANDRIA, VA. 22313-1450</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b> 01-2005</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Standard Mail      <input type="checkbox"/> C.O.D.     </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 1350 0001 0907 2513</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



DAVID R. HINDS APT# 10/630, 413